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|---|---|-----------------------|-------------------------------------|--|--|------------------------------------|---------------------------------|--|--|---|
| ORDER FOR SUPPLIES OR SERVICES | | | | | | Form Approved | | Page 1 Of 3 | | |
| 1. Contract/Purch Order No. | | 2. Delivery Order No. | | 3. Date Of Order | | 4. Requisition/Purch Request No. | | 5. Certified for National Defense Under DMS Reg 1 Priority DOA5 | | |
| GS35F5833H | | DAAE20-01-F-0009 | | 2000DEC13 | | SEE SCHEDULE | | | | |
| 6. Issued By | | | Code | 7. Administered By (If other than 6) | | | Code | 8. Delivery FOB | | |
| TACOM-ROCK ISLAND AMSTA-CM-CRES LYNN HULTMAN (309)782-0888 ROCK ISLAND IL 61299-7630 EMAIL: HULTMANL@RIA.ARMY.MIL | | | W52H09 | PR ACALA ATTN FIN AND ACCT OFC ROCK ISLAND IL 61299-6000 | | | W52H09 | <input type="checkbox"/> Dest <input checked="" type="checkbox"/> Other | | |
| | | | | SCD C PAS NONE ADP PT W52H09 | | | (See Schedule if other) | | | |
| 9. Contractor | | | Code | Facility Code | | 10. Deliver To FOB Point By (Date) | | 11. Mark If Business Is | | |
| CALIBRE SYSTEMS INC 5111 LEESBURG PIKE SUITE 514 FALLS CHURCH VA 22041-0000 | | | 0EUA6 | | | SEE SCHEDULE | | | | |
| | | | | | | 12. Discount Terms | | | | |
| | | | | | | 13. Mail Invoices To | | See Block 15 | | |
| 14. Ship To | | | Code | 15. Payment Will Be Made By | | | Code | Mark All Packages And Papers With Contract Or Order Number | | |
| SEE SCHEDULE | | | | DFAS ST LOUIS ATT DFAS-SL-FPV 4300 GOODFELLOW BLVD BLDG 110 PO BOX 200009 ST LOUIS MO 63120-0009 | | | HQ0304 | | | |
| 16. T O Y R P D E E R O F | | Delivery | <input checked="" type="checkbox"/> | This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. | | | | | | |
| | | Purchase | | Reference your <input type="checkbox"/> Oral; <input type="checkbox"/> Written Quotation, Dated _____, furnish the following on terms specified herein. Acceptance. The Contractor Hereby Accepts The Offer Represented By The Numbered Purchase Order As It May Previously Have Been Or Is Now Modified, Subject To All Of The Terms And Conditions Set Forth, And Agrees To Perform The Same. | | | | | | |
| Name Of Contractor Signature Typed Name And Title Date Signed | | | | | | | | | | |
| <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies: | | | | | | | | | | |
| 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE SEE SCHEDULE | | | | | | | | | | |
| 18. Item No. | 19. Schedule Of Supplies/Service | | | 20. Quantity Ordered/ Accepted* | 21. Unit | 22. Unit Price | 23. Amount | | | |
| | SEE SCHEDULE CONTRACT TYPE: No Cost KIND OF CONTRACT: Service Contracts | | | | | | | | | |
| * If quantity accepted by the Government is same quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle. | | | | 24. United States Of America By: PATRICIA J HARMON /SIGNED/ Contracting/Ordering Officer HARMONP@RIA.ARMY.MIL (309)782-5717 | | | 25. Total | \$0.00 | | |
| | | | | | | | 29. Differences | | | |
| 26. Quantity In Column 20 Has Been | | | | | 27. Ship. No. | 28. D.O. Voucher No. | 30. Initials | | | |
| <input type="checkbox"/> Inspected <input type="checkbox"/> Received <input type="checkbox"/> Accepted And Conforms To Contract Except As Noted _____ Date _____ Signature Of Authorized Govt Representative 36. I certify this account is correct and proper for payment _____ Date _____ Signature And Title Of Certifying Officer | | | | | <input type="checkbox"/> Partial <input type="checkbox"/> Final | 32. Paid By | 33. Amount Verified Correct For | | | |
| | | | | | 31. Payment | | | | | |
| | | | | | | | | | | <input type="checkbox"/> Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final |
| 34. Check Number | | | 35. Bill Of Lading No. | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 37. Received At | | 38. Received By | | 39. Date Received | | 40. Total Containers | | 41. S/R Account No. | | |
| | | | | | | | | 42. S/R Voucher No. | | |
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| CONTINUATION SHEET | Reference No. of Document Being Continued PIIN/SIIN DAAE20-01-F-0009 MOD/AMD | Page 2 of 3 |
| Name of Offeror or Contractor: CALIBRE SYSTEMS INC | | |

SUPPLEMENTAL INFORMATION

This is a firm-fixed-price delivery order against GSA contract GS-35F-5833H for the following training services:

1. CALIBRE Systems, Inc. will conduct three (3) sessions of Integrated Logistics Analysis Program (ILAP) training for the U.S. Army Tank-automotive and Armaments Command (TACOM-RI), Rock Island Arsenal, Rock Island, IL.
2. Each training session will be one day in length. Sessions will be conducted consecutively on January 9, 10 and 11, 2001. The schedule for each session is 7:30 a.m until 4:00 p.m. CST.
3. Training sessions will be conducted at Rock Island Arsenal, Rock Island, IL, Building 108, 1st floor, North Training Room.
4. The maximum number of students for each session is twenty (20).
5. The point of contact for this training is Ms. Beverly Hoy, AMSTA-LC-BAS, (309) 782-0965, email HoyB@ria.army.mil.
6. The total price for this order is \$11,862.58 which includes training plus other direct costs for travel, lodging, and other services.
7. Payment will be via the government-wide IMPAC card.

*** END OF NARRATIVE A 001 ***

Name of Offeror or Contractor: CALIBRE SYSTEMS INC

| ITEM NO | SUPPLIES/SERVICES | QUANTITY | UNIT | UNIT PRICE | AMOUNT |
|---------|---|----------|------|------------|--------|
| 0001 | SUPPLIES OR SERVICES AND PRICES/COSTS <u>Supplies or Services and Prices/Costs</u> <u>ILAP TRAINING</u> SECURITY CLASS: Unclassified | | | | |